


|  |  |   |
|--|--|---|
| <b>FORM B1</b><br><b>United States Bankruptcy Court</b><br><b>Eastern District of Wisconsin</b>  |  | <b>Voluntary Petition</b>   |
| Name of Debtor (if individual, enter Last, First, Middle):<br><b>Shea, Matthew Thomas</b>  |  | Name of Joint Debtor (Spouse) (Last, First, Middle):  |
| All Other Names used by the Debtor in the last 6 years<br>(include married, maiden, and trade names):  |  | All Other Names used by the Joint Debtor in the last 6 years<br>(include married, maiden, and trade names):   |
| Soc. Sec./Tax I.D. No. (if more than one, state all):<br><b>2495</b>   |  | Soc. Sec./Tax I.D. No. (if more than one, state all):   |
| Street Address of Debtor (No. & Street, City, State & Zip Code):<br><b>44 W. 16th Avenue</b><br><b>Oshkosh, WI 54902</b>   |  | Street Address of Joint Debtor (No. & Street, City, State & Zip Code):  |
| County of Residence or of the<br>Principal Place of Business: <b>Winnebago</b>   |  | County of Residence or of the<br>Principal Place of Business:   |
| Mailing Address of Debtor (if different from street address):  |  | Mailing Address of Joint Debtor (if different from street address):   |
| Location of Principal Assets of Business Debtor<br>(if different from address above):  |  |   |
| <b>Information Regarding the Debtor (Check the Applicable Boxes)</b>   |  |   |
| <b>Venue</b> (Check any applicable box)  |  |   |
| <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.<br><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. |  |   |
| <b>Type of Debtor</b> (Check all boxes that apply)   |  | <b>Chapter or Section of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)  |
| <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad<br><input type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker<br><input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker<br><input type="checkbox"/> Other _____   |  | <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13<br><input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12<br><input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding   |
| <b>Nature of Debts</b> (Check one box)   |  | <b>Filing Fee</b> (Check one box)   |
| <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business  |  | <input checked="" type="checkbox"/> Full Filing Fee Attached<br><input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only)<br>Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments.<br>Rule 1006(b). See Official Form No. 3. |
| <b>Chapter 11 Small Business</b> (Check all boxes that apply)  |  |   |
| <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101<br><input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(c) (Optional)  |  |   |
| <b>Statistical/Administrative Information</b> (Estimates only)   |  | THIS SPACE IS FOR COURT USE ONLY<br><br>   |
| <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.<br><input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.  |  |   |
| Estimated Number of Creditors  |  |   |
| Estimated Assets   |  |   |
| Estimated Debts  |  |   |

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Matthew Thomas Shea****Prior Bankruptcy Case Filed Within Last 6 Years** (If more than one, attach additional sheet)

Location

Where Filed: **NONE**

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

**NONE**

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X Matthew T Shea  
Signature of DebtorX \_\_\_\_\_  
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

X \_\_\_\_\_  
Signature of Attorney

Signature of Attorney for Debtor(s)

Jennifer F. Thompson, 1024321

Printed Name of Attorney for Debtor(s)

Basilere & Thompson LLP

Firm Name

P. O. Box 3204, Oshkosh, WI 54903-3204  
Address

(920) 231-5050

Telephone Number

Date

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X **Not Applicable**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X

Signature of Attorney for Debtor(s)

Date

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐

Yes, and Exhibit C is attached and made a part of this petition.

☒

No

**Signature of Non-Attorney Petition Preparer**

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

**Not Applicable**

Printed Name of Bankruptcy Petition Preparer

**Not Applicable**

Social Security Number

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

X

Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

**United States Bankruptcy Court  
Eastern District of Wisconsin**

In re **Matthew Thomas Shea**  
**2495**

Case No.  
Chapter **7**

**SUMMARY OF SCHEDULES**

AMOUNTS SCHEDULED

| NAME OF SCHEDULE                                      | ATTACHED<br>(YES/NO) | NO. OF SHEETS       | ASSETS      | LIABILITIES   | OTHER       |
|---|----------------------|---------------------|-------------|---------------|-------------|
| A - Real Property                                     | YES                  | 1                   | \$ 0.00     |               |             |
| B - Personal Property                                 | YES                  | 3                   | \$ 1,820.00 |               |             |
| C - Property Claimed<br>As Exempt                     | YES                  | 1                   |             |               |             |
| D - Creditors Holding<br>Secured Claims               | YES                  | 1                   |             | \$ 0.00       |             |
| E - Creditors Holding Unsecured<br>Priority Claims    | YES                  | 2                   |             | \$ 2,620.00   |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims | YES                  | 6                   |             | \$ 142,448.38 |             |
| G - Executory Contracts and<br>Unexpired Leases       | YES                  | 1                   |             |               |             |
| H - Codebtors   | YES                  | 1                   |             |               |             |
| I - Current Income of<br>Individual Debtor(s)         | YES                  | 1                   |             |               | \$ 1,271.12 |
| J - Current Expenditures of<br>Individual Debtor(s)   | YES                  | 1                   |             |               | \$ 1,375.00 |
| Total Number of sheets<br>in ALL Schedules ➤          |                      | 18                  |             |               |             |
|   |                      | Total Assets ➤      | \$ 1,820.00 |               |             |
|   |                      | Total Liabilities ➤ |             | \$ 145,068.38 |             |

## SCHEDULE A - REAL PROPERTY

| DESCRIPTION AND<br>LOCATION OF<br>PROPERTY | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT<br>OR COMMUNITY | CURRENT<br>MARKET VALUE<br>OF DEBTOR'S<br>INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION | AMOUNT OF<br>SECURED<br>CLAIM |
|--|--|--------------------------------------|---|-------------------------------|
| Total                                      |  |                                      |   | 0.00                          |

## SCHEDULE B - PERSONAL PROPERTY

| TYPE OF PROPERTY   | NONE     | DESCRIPTION AND LOCATION OF PROPERTY                    | HUSBAND, WIFE, JOINT OR COMMUNITY | CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|--|----------|---|-----------------------------------|---|
| 1. Cash on hand  |          | <b>Cash on Hand</b>                                     |                                   | <b>20.00</b>  |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. |          | <b>Pluswood Credit Union-Checking</b>                   |                                   | <b>200.00</b>   |
|  |          | <b>Pluswood Credit Union-Savings</b>                    |                                   | <b>1,000.00</b>   |
| 3. Security deposits with public utilities, telephone companies, landlords, and others.  | <b>X</b> |   |                                   |   |
| 4. Household goods and furnishings, including audio, video, and computer equipment.  |          | <b>TV-\$100; Gameboy-\$200; Bedroom Furniture-\$100</b> |                                   | <b>400.00</b>   |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  | <b>X</b> |   |                                   |   |
| 6. Wearing apparel.  |          | <b>Clothing</b>   |                                   | <b>200.00</b>   |
| 7. Furs and jewelry.   | <b>X</b> |   |                                   |   |
| 8. Firearms and sports, photographic, and other hobby equipment.   | <b>X</b> |   |                                   |   |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.   | <b>X</b> |   |                                   |   |
| 10. Annuities. Itemize and name each issuer.   | <b>X</b> |   |                                   |   |
| 11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.   | <b>X</b> |   |                                   |   |
| 12. Stock and interests in incorporated and unincorporated businesses. Itemize.  | <b>X</b> |   |                                   |   |
| 13. Interests in partnerships or joint ventures Itemize.   | <b>X</b> |   |                                   |   |

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| TYPE OF PROPERTY   | NONE     | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT OR COMMUNITY | CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|--|----------|--------------------------------------|-----------------------------------|---|
| 14. Government and corporate bonds and other negotiable and nonnegotiable instruments.   | <b>X</b> |                                      |                                   |   |
| 15. Accounts receivable.   | <b>X</b> |                                      |                                   |   |
| 16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.   | <b>X</b> |                                      |                                   |   |
| 17. Other liquidated debts owing debtor including tax refunds. Give particulars.   | <b>X</b> |                                      |                                   |   |
| 18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.        | <b>X</b> |                                      |                                   |   |
| 19. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | <b>X</b> |                                      |                                   |   |
| 20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | <b>X</b> |                                      |                                   |   |
| 21. Patents, copyrights, and other intellectual property. Give particulars.  | <b>X</b> |                                      |                                   |   |
| 22. Licenses, franchises, and other general intangibles. Give particulars.   | <b>X</b> |                                      |                                   |   |
| 23. Automobiles, trucks, trailers, and other vehicles.   | <b>X</b> |                                      |                                   |   |
| 24. Boats, motors, and accessories.  | <b>X</b> |                                      |                                   |   |
| 25. Aircraft and accessories.  | <b>X</b> |                                      |                                   |   |
| 26. Office equipment, furnishings, and supplies.   | <b>X</b> |                                      |                                   |   |
| 27. Machinery, fixtures, equipment and supplies used in business.  | <b>X</b> |                                      |                                   |   |

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

| TYPE OF PROPERTY   | NONE | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT OR COMMUNITY | CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|--|------|--------------------------------------|-----------------------------------|---|
| 28. Inventory.   | X    |                                      |                                   |   |
| 29. Animals.   | X    |                                      |                                   |   |
| 30. Crops - growing or harvested. Give particulars.                  | X    |                                      |                                   |   |
| 31. Farming equipment and implements.                                | X    |                                      |                                   |   |
| 32. Farm supplies, chemicals, and feed.                              | X    |                                      |                                   |   |
| 33. Other personal property of any kind not already listed. Itemize. | X    |                                      |                                   |   |
| Total >  |      |                                      |                                   | <b>\$ 1,820.00</b>  |

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemption to which debtor is entitled under:

(Check one box)

☒ 11 U.S.C. § 522(b)(1) Exemptions provided in 11 U.S.C. § 522(d). Note: These exemptions are available only in certain states.

☐ 11 U.S.C. § 522(b)(2) Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

| DESCRIPTION OF PROPERTY                          | SPECIFIC LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT MARKET VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS |
|--|---------------------------------------|----------------------------|---|
| Cash on Hand                                     | 11 USC § 522(d)(5)                    | 20.00                      | 20.00   |
| Clothing   | 11 USC § 522(d)(3)                    | 200.00                     | 200.00  |
| Pluswood Credit Union-Checking                   | 11 USC § 522(d)(5)                    | 200.00                     | 200.00  |
| Pluswood Credit Union-Savings                    | 11 USC § 522(d)(5)                    | 1,000.00                   | 1,000.00  |
| TV-\$100; Gameboy-\$200; Bedroom Furniture-\$100 | 11 USC § 522(d)(3)                    | 400.00                     | 400.00  |



, **2495****SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**☒ Check this box if debtor has no creditors holding secured claims to report in this Schedule D.

| CREDITOR'S NAME AND<br>MAILING ADDRESS<br>INCLUDING ZIP CODE | CODEBTOR | HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND MARKET<br>VALUE OF PROPERTY<br>SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION,<br>IF ANY |
|--|----------|--------------------------------------|---|------------|--------------|----------|--|---------------------------------|
| ACCOUNT NO.  |          |                                      | VALUE   |            |              |          |  |                                 |

Subtotal  
(Total of this page)

&gt;

**\$0.00**

Total

&gt;

**\$0.00**

2495

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

☐ Check this box if debtor has no creditors holding unsecured claims to report in this Schedule E.

**TYPES OF PRIORITY CLAIMS**

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4300\* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(3).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4300\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$1,950\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Other Priority Debts**

\* Amounts are subject to adjustment on April 1, 1998, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

• 2495

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS****Type of Priority: Taxes and Certain Other Debts Owed to Government**

| CREDITOR'S NAME AND<br>MAILING ADDRESS<br>INCLUDING ZIP CODE                  | CODEBTOR<br>HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | TOTAL<br>AMOUNT<br>OF CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY |
|---|--|--|------------|--------------|----------|-----------------------------|--------------------------------------|
|   |  |  |            |              |          |                             |                                      |
| ACCOUNT NO.   |  | 10/2003  |            |              |          | \$ 2,620.00                 | \$ 2,620.00                          |
| Division of Workforce Development<br>P. O. Box 7945<br>Madison, WI 53707-7945 |  | Unemployment Compensation                                    |            |              |          |                             |                                      |

|                                  |   |            |
|----------------------------------|---|------------|
| Subtotal<br>(Total of this page) | ➤ | \$2,620.00 |
| Total                            | ➤ | \$2,620.00 |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report in this Schedule F

| CREDITOR'S NAME AND<br>MAILING ADDRESS<br>INCLUDING ZIP CODE  | CODEBITOR<br>HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS INCURRED<br>AND CONSIDERATION FOR CLAIM,<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|---|---|------------|--------------|----------|--------------------|
| ACCOUNT NO. <b>L66248-65/A00014904</b><br><b>Affinity Medical Group-South</b><br><b>P. O. Box 1047</b><br><b>Neenah, WI 54957-1047</b><br><br><b>J.C. Christensen &amp; Associates</b><br><b>P. O. Box 519</b><br><b>Sauk Rapids, MN 56379</b>  |   | <b>2001</b><br><b>Medical</b>   |            |              |          | <b>\$ 373.40</b>   |
| ACCOUNT NO. <b>LC01799881</b><br><b>Affinity Medical Group - North</b><br><b>P. O. Box 1047</b><br><b>Neenah, WI 54957-1047</b><br><br><b>J.C. Christensen &amp; Associates, Inc.</b><br><b>P. O. Box 519</b><br><b>Sauk Rapids, MN 56379</b>   |   | <b>2001</b><br><b>Medical</b>   |            |              |          | <b>\$ 7,811.50</b> |
| ACCOUNT NO. <b>LC01799881-193</b><br><b>Affinity Medical Group-North</b><br><b>P. O. Box 1047</b><br><b>Neenah, WI 54957-1047</b><br><br><b>Law Office of Richard D. Seierstad</b><br><b>P. O. Box 566</b><br><b>Sauk Rapids, MN 56379-0566</b> |   | <b>2001</b><br><b>Medical</b>   |            |              |          | <b>\$ 278.21</b>   |
| ACCOUNT NO. <b>387082495</b><br><b>Anesthesia Serv of the FV</b><br><b>3420 Jackson Street, Ste. E</b><br><b>Oshkosh, WI 54901</b>  |   | <b>2001</b><br><b>Medical</b>   |            |              |          | <b>\$ 4,118.24</b> |

In re: **Matthew Thomas Shea**  
**2495**

Case No.

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME AND<br>MAILING ADDRESS<br>INCLUDING ZIP CODE  | CODEBTOR<br>HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS INCURRED<br>AND CONSIDERATION FOR CLAIM,<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|--|---|------------|--------------|----------|--------------------|
| ACCOUNT NO. <b>725014760</b><br><b>Aurora Medical Center</b><br><b>P. O. Box 8950</b><br><b>Green Bay, WI 54308-8950</b>  |  | <b>3/04</b><br><b>Medical</b>   |            |              |          | <b>\$ 272.95</b>   |
| ACCOUNT NO. <b>029698-00</b><br><b>Butte Des Morts Pathlogy SC</b><br><b>P. O. Box 8031</b><br><b>Appleton, WI 54912-8031</b><br><br><b>Oshkosh Collection &amp; Recovery</b><br><b>P. O. Box 160</b><br><b>Oshkosh, WI 54903-0160</b>  |  | <b>2001</b><br><b>Medical</b>   |            |              |          | <b>\$ 199.90</b>   |
| ACCOUNT NO. <b>4121-7420-2628-1066</b><br><b>Capital One</b><br><b>P. O. Box 85015</b><br><b>Richmond, VA 23285-5015</b><br><br><b>Academy Collection Service, Inc.</b><br><b>10965 Decatur Road</b><br><b>Philadelphia, PA 19154-3210</b><br><br><b>Capital Management Services, Inc.</b><br><b>726 Exchange Street, Ste. 700</b><br><b>Buffalo, NY 14210</b><br><br><b>Northland Group, Inc.</b><br><b>P. O. Box 390846</b><br><b>Edina, MN 55439</b><br><br><b>Van Ru Credit Corporation</b><br><b>10024 Skokie Blvd, Ste. 2</b><br><b>Skokie, IL 60077-1109</b> |  | <b>2001</b><br><b>Credit Card</b>   |            |              |          | <b>\$ 380.86</b>   |

In re: **Matthew Thomas Shea**  
**2495**

Case No.

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME AND<br>MAILING ADDRESS<br>INCLUDING ZIP CODE  | CODEBTOR<br>HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS INCURRED<br>AND CONSIDERATION FOR CLAIM,<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|--|---|------------|--------------|----------|--------------------|
| ACCOUNT NO. <b>1039290</b><br><b>City of Oshkosh Ambulance</b><br><b>c/o Attorney Frank Endejan</b><br><b>P. O. Box 1424</b><br><b>Fond du Lac, WI 54936-1424</b>   |  | <b>2001</b><br><b>Medical</b><br><b>Winnebago County Small Claims 02SC3795</b>                        |            |              |          | <b>\$ 556.15</b>   |
| ACCOUNT NO. <b>257058-00</b><br><b>Community Emergency Services</b><br><b>P. O. Box 8031</b><br><b>Appleton, WI 54912-8031</b><br><br><b>Oshkosh Collection &amp; Recovery</b><br><b>P. O. Box 160</b><br><b>Oshkosh, WI 54903-0160</b> |  | <b>2001</b><br><b>Medical</b>   |            |              |          | <b>\$ 698.00</b>   |
| ACCOUNT NO.<br><b>Ear, Nose &amp; Throat Specialists</b><br><b>855 N. Westhaven Drive</b><br><b>Oshkosh, WI 54904</b><br><br><b>Certified Recovery, Inc.</b><br><b>P. O. Box 815</b><br><b>Eau Claire, WI 54702</b>                     |  | <b>2001</b><br><b>Medical</b>   |            |              |          | <b>\$ 158.00</b>   |
| ACCOUNT NO. <b>4899</b><br><b>Fox Valley Chest Consultants</b><br><b>2700 W. 9th Avenue, Ste. 106</b><br><b>Oshkosh, WI 54904</b>   |  | <b>2001</b><br><b>Medical</b>   |            |              |          | <b>\$ 438.00</b>   |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE  | CODEBITOR<br>HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS INCURRED<br>AND CONSIDERATION FOR CLAIM,<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE                             | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM   |
|---|---|---|------------|--------------|----------|----------------------|
| <b>ACCOUNT NO. 387-48-0349</b><br><b>Gold Cross Ambulance Service, Inc.</b><br><b>P. O. Box 575</b><br><b>Neenah, WI 54957-0575</b><br><br><b>State Collection Service</b><br><b>P. O. Box 6250</b><br><b>Madison, WI 53716-0250</b>            |   | <b>2001</b><br><br><b>Medical</b>   |            |              |          | <b>\$ 708.65</b>     |
| <b>ACCOUNT NO. 27186/27187</b><br><b>Lakeside Neurocare Limited</b><br><b>2700 W. 9th Avenue, Ste. 225</b><br><b>Oshkosh, WI 54904</b><br><br><b>Oshkosh Collection &amp; Recovery</b><br><b>P. O. Box 160</b><br><b>Oshkosh, WI 54903-0160</b> |   | <b>2001</b><br><br><b>Medical</b>   |            |              |          | <b>\$ 819.20</b>     |
| <b>ACCOUNT NO. 002442277</b><br><b>Mercy Medical Center</b><br><b>P. O. Box 8039</b><br><b>Appleton, WI 54912-8039</b><br><br><b>Law Office of Richard D. Selerstad</b><br><b>P. O. Box 566</b><br><b>Sauk Rapids, MN 56379-0566</b>            |   | <b>2001</b><br><br><b>Medical</b>   |            |              |          | <b>\$ 328.38</b>     |
| <b>ACCOUNT NO.</b><br><b>Mercy Medical Center</b><br><b>P. O. Box 8039</b><br><b>Appleton, WI 54912-8039</b><br><br><b>J.C. Christensen &amp; Associates, Inc.</b><br><b>P. O. Box 519</b><br><b>Sauk Rapids, MN 56379</b>                      |   | <b>2001</b><br><br><b>Medical-002329687, 002351460, 002343876,</b><br><b>002339362, 002335974, 002334394,</b><br><b>002331126</b> |            |              |          | <b>\$ 109,795.49</b> |

In re: **Matthew Thomas Shea**  
**2495**

Case No.

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME AND<br>MAILING ADDRESS<br>INCLUDING ZIP CODE  | CODEBTOR<br>HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS INCURRED<br>AND CONSIDERATION FOR CLAIM,<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|--|---|------------|--------------|----------|--------------------|
| ACCOUNT NO. <b>050610</b><br><b>Neuroscience Group of NE WISCO</b><br><b>200 TC Plaza, Ste. 480</b><br><b>Neenah, WI 54956</b><br><br><b>State Collection Service</b><br><b>P. O. Box 6250</b><br><b>Madison, WI 53716-0250</b> |  | <b>2001</b><br><b>Medical</b>   |            |              |          | <b>\$ 676.10</b>   |
| ACCOUNT NO. <b>54745</b><br><b>Radiology Assoc Fox Valley SC</b><br><b>P. O. Box 44370</b><br><b>Madison, WI 53744-4370</b>   |  | <b>2001</b><br><b>Medical</b>   |            |              |          | <b>\$ 1,924.00</b> |
| ACCOUNT NO. <b>3958-001K</b><br><b>Reff, Baivier, Bermingham &amp; Lim</b><br><b>P. O. Box 1190</b><br><b>Oshkosh, WI 54903-1190</b>  |  | <b>2002</b><br><b>Legal</b>   |            |              |          | <b>\$ 153.00</b>   |
| ACCOUNT NO. <b>678400</b><br><b>Robert F. Mann, M.D.</b><br><b>2700 W. 9th Avenue, Ste. 110</b><br><b>Oshkosh, WI 54904</b><br><br><b>Valley Credit Services, Inc.</b><br><b>P. O. Box 2125</b><br><b>Appleton, WI 54912</b>    |  | <b>2001</b><br><b>Medical</b>   |            |              |          | <b>\$ 5,307.00</b> |



In re: **Matthew Thomas Shea**  
**2495**

Case No.

## **SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME AND<br>MAILING ADDRESS<br>INCLUDING ZIP CODE   | CODEBTOR<br>HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS INCURRED<br>AND CONSIDERATION FOR CLAIM,<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|--|--|---|------------|--------------|----------|--------------------|
| ACCOUNT NO. <b>023543-00</b><br><b>Surgical Associates of Neenah</b><br><b>200 Theda Clark Medical Plaza</b><br><b>Suite 410</b><br><b>Neenah, WI 54956-5217</b>   |  | <b>2001</b><br><b>Medical</b>   |            |              |          | <b>\$ 94.00</b>    |
| ACCOUNT NO. <b>704123280</b><br><b>Theda Clark Medical Center, Inc.</b><br><b>130 2nd Street</b><br><b>Neenah, WI 54956</b><br><br><b>Attorney Christopher Evenson</b><br><b>Sigman, Janssen, Stack et al</b><br><b>303 S. Memorial Drive</b><br><b>Appleton, WI 54911</b> |  | <b>2001</b><br><b>Medical - Winnebago County Case No. 02 CV</b><br><b>382</b>                         |            |              |          | <b>\$ 7,357.35</b> |

Subtotal  
(Total of this page) >

**\$7,451.35**

Total >

**\$142,448.38**

In re: **Matthew Thomas Shea**  
**2495**

Case No.

## **SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

☒ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,<br>OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF<br>DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR<br>NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT<br>NUMBER OF ANY GOVERNMENT CONTRACT |
|--|--|
|  |  |

## **SCHEDULE H - CODEBTORS**

☒ Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
|                              |                              |

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

|  |                                 |        |              |
|--|---------------------------------|--------|--------------|
| Debtor's Marital Status: <b>Single</b>   | DEPENDENTS OF DEBTOR AND SPOUSE |        |              |
| Debtor's Age: <b>22</b><br>Spouse's Age: | NAMES<br><b>None</b>            | AGE    | RELATIONSHIP |
| EMPLOYMENT:                              | DEBTOR                          | SPOUSE |              |
| Occupation                               | <b>Laborer</b>                  |        |              |
| How long employed                        | <b>6 months</b>                 |        |              |
| Name and Address of Employer             | <b>Cloverleaf Landscaping</b>   |        |              |

|   |  |                 |
|---|--|-----------------|
| Income: (Estimate of average monthly income)  | DEBTOR                                       | SPOUSE          |
| Current monthly gross wages, salary, and commissions (pro rate if not paid monthly.)                                    | \$ <u>1,500.12</u>                           | \$ _____        |
| Estimated monthly overtime  | \$ <u>0.00</u>                               | \$ _____        |
| <b>SUBTOTAL</b>   | <b>\$ <u>1,500.12</u></b>                    | <b>\$ _____</b> |
| LESS PAYROLL DEDUCTIONS   |  |                 |
| a. Payroll taxes and social security  | \$ <u>140.00</u>                             | \$ _____        |
| b. Insurance  | \$ <u>89.00</u>                              | \$ _____        |
| c. Union dues   | \$ <u>0.00</u>                               | \$ _____        |
| d. Other (Specify) _____  | \$ _____                                     | \$ _____        |
| <b>SUBTOTAL OF PAYROLL DEDUCTIONS</b>   | <b>\$ <u>229.00</u></b>                      | <b>\$ _____</b> |
| <b>TOTAL NET MONTHLY TAKE HOME PAY</b>  | <b>\$ <u>1,271.12</u></b>                    | <b>\$ _____</b> |
| Regular income from operation of business or profession or farm (attach detailed statement)                             | \$ <u>0.00</u>                               | \$ _____        |
| Income from real property   | \$ <u>0.00</u>                               | \$ _____        |
| Interest and dividends  | \$ <u>0.00</u>                               | \$ _____        |
| Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above. | \$ <u>0.00</u>                               | \$ _____        |
| Social security or other government assistance (Specify) _____  | \$ <u>0.00</u>                               | \$ _____        |
| Pension or retirement income  | \$ <u>0.00</u>                               | \$ _____        |
| Other monthly income (Specify) _____  | \$ _____                                     | \$ _____        |
| <b>TOTAL MONTHLY INCOME</b>   | <b>\$ <u>1,271.12</u></b>                    | <b>\$ _____</b> |
| <b>TOTAL COMBINED MONTHLY INCOME \$ <u>1,271.12</u></b>   | <b>(Report also on Summary of Schedules)</b> |                 |

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document: **NONE**

|  |   |    |        |
|--|---|----|--------|
| Rent or home mortgage payment (include lot rented for mobile home)                                 |   | \$ | 300.00 |
| Are real estate taxes included?  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |    |        |
| Is property insurance included?  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |    |        |
| Utilities Electricity and heating fuel   |   | \$ | 50.00  |
| Water and sewer  |   | \$ | 0.00   |
| Telephone  |   | \$ | 0.00   |
| Other  |   | \$ |        |
| Home Maintenance (Repairs and upkeep)  |   | \$ | 0.00   |
| Food   |   | \$ | 300.00 |
| Clothing   |   | \$ | 75.00  |
| Laundry and dry cleaning   |   | \$ | 0.00   |
| Medical and dental expenses  |   | \$ | 150.00 |
| Transportation (not including car payments)  |   | \$ | 250.00 |
| Recreation, clubs and entertainment, newspapers, magazines, etc.                                   |   | \$ | 200.00 |
| Charitable contributions   |   | \$ | 0.00   |
| Insurance (not deducted from wages or included in home mortgage payments)                          |   |    |        |
| Homeowner's or renter's  |   | \$ | 0.00   |
| Life   |   | \$ | 0.00   |
| Health   |   | \$ | 50.00  |
| Auto   |   | \$ | 0.00   |
| Other  |   | \$ |        |
| Taxes (not deducted from wages or included in home mortgage payments)                              |   |    |        |
| (Specify)  |   | \$ | 0.00   |
| Installment payments (In chapter 12 and 13 cases, do not list payments to be included in the plan) |   |    |        |
| Auto   |   | \$ | 0.00   |
| Other  |   | \$ |        |
| Alimony, maintenance or support paid to others   |   | \$ | 0.00   |
| Payments for support of additional dependents not living at your home                              |   | \$ | 0.00   |
| Regular expenses from operation of business, profession, or farm (attach detailed statement)       |   | \$ | 0.00   |
| Other  |   | \$ |        |

**\$ 1,375.00**

|                                      |            |             |
|--------------------------------------|------------|-------------|
| A. Total projected monthly income    | \$         | <u>0.00</u> |
| B. Total projected monthly expenses  | \$         | <u>0.00</u> |
| C. Excess income (A minus B)         | \$         | <u>0.00</u> |
| D. Total amount to be paid into plan | \$         | <u>0.00</u> |
| <hr/>                                |            |             |
|                                      | (interval) |             |

In re: **Matthew Thomas Shea**  
• **2495**

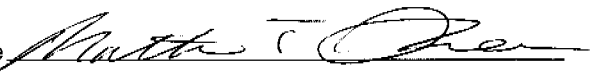
Case No.

## **DECLARATION CONCERNING DEBTOR'S SCHEDULES**

### **DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **18** sheets plus the summary page, and that they are true and correct to the best of my knowledge, information, and belief.

Date: 10-08-04

Signature   
**Matthew Thomas Shea**

### **DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP**

(NOT APPLICABLE)

# UNITED STATES BANKRUPTCY COURT

Eastern District of Wisconsin

In re: **Matthew Thomas Shea**  
2495

Case No. \_\_\_\_\_

Chapter **7**

## STATEMENT OF FINANCIAL AFFAIRS

### 1. Income from employment or operation of business

None

☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT     | SOURCE      | FISCAL YEAR PERIOD |
|------------|-------------|--------------------|
| 8,000.00   | 2002 Income | 2002               |
| Unemployed | 2003 Income | 2003               |

### 2. Income other than from employment or operation of business

None

☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 3. Payments to creditors

None

☒ a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within 90 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None

☒ b. List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

☐ a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT<br>AND CASE NUMBER    | NATURE OF PROCEEDING | COURT<br>AND LOCATION  | STATUS OR<br>DISPOSITION |
|---------------------------------------|----------------------|--|--------------------------|
| DWD v. Matthew T. Shea<br>2003 UC 497 | UC Benefit Warrant   | Winnebago County Courthouse<br>415 Jackson Street<br>Oshkosh, WI 54901 | Lien-\$2,620.00          |

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 6. Assignments and receiverships

None



a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 7. Gifts

None



List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 8. Losses

None



List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 9. Payments related to debt counseling or bankruptcy

None



List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS  
OF PAYEE

Jennifer F. Thompson  
P. O. Box 3204  
Oshkosh, WI 54903-3204

DATE OF PAYMENT,  
NAME OF PAYOR IF  
OTHER THAN DEBTOR

9/28/04

AMOUNT OF MONEY OR  
DESCRIPTION AND VALUE  
OF PROPERTY

\$209.00-Filing Fee  
\$491.00-Attorney's Fees



---

### 10. Other transfers

None

- ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
- 

### 11. Closed financial accounts

None

- ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
- 

### 12. Safe deposit boxes

None

- ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
- 

### 13. Setoffs

None

- ☒ List all setoffs made by any creditor, including a bank, against a debtor or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
- 

### 14. Property held for another person

None

- ☒ List all property owned by another person that the debtor holds or controls.
- 

### 15. Prior address of debtor

None

- ☒ If the debtor has moved within the two years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 10-08-04

Signature

  
Matthew Thomas Shea

**UNITED STATES BANKRUPTCY COURT**  
**Eastern District of Wisconsin**

In re: **Matthew Thomas Shea**  
**2495**

Case No. \_\_\_\_\_  
Chapter 7

Debtor

**DISCLOSURE OF COMPENSATION OF ATTORNEY  
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above mentioned debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|   |    |               |
|---|----|---------------|
| For legal services, I have agreed to accept           | \$ | <u>491.00</u> |
| Prior to the filing of this statement I have received | \$ | <u>491.00</u> |
| Balance Due   | \$ | <u>0.00</u>   |

2. The source of compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under Title 11, United States Code;
- b) Preparation and filing of any petition, schedule, statement of affairs, and other documents required by the court;
- c) Representation of the debtor(s) at the meeting of creditors, confirmation hearing and any adjourned hearings thereof;
- d) Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e) (Other provisions as needed)

**None**

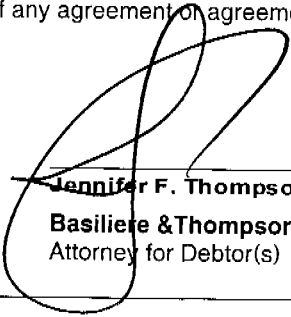
6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

**None**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or agreement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 10-8-09

  
Jennifer F. Thompson, Bar No. 1024321

**Basiliete & Thompson LLP**  
Attorney for Debtor(s)

Academy Collection Service, Inc.  
10965 Decatur Road  
Philadelphia, PA 19154-3210

Affinity Medical Group-North  
P. O. Box 1047  
Neenah, WI 54957-1047

Affinity Medical Group-South  
P. O. Box 1047  
Neenah, WI 54957-1047

Anesthesia Serv of the FV  
3420 Jackson Street, Ste. E  
Oshkosh, WI 54901

Attorney Christopher Evenson  
Sigman, Janssen, Stack, et al  
303 S. Memorial Drive  
Appleton, WI 54911

Aurora Medical Center  
P. O. Box 8950  
Green Bay, WI 54308-8950

Butte Des Morts Pathlogy SC  
P. O. Box 8031  
Appleton, WI 54912-8031

Capital Management Services, Inc.  
726 Exchange Street, Ste. 700  
Buffalo, NY 14210

Capital One  
P. O. Box 85015  
Richmond, VA 23285-5015

Certified Recovery, Inc.  
P. O. Box 815  
Eau Claire, WI 54702

City of Oshkosh Ambulance  
c/o Attorney Frank Endejan  
P. O. Box 1424  
Fond du Lac, WI 54936-1424

Community Emergency Services  
P. O. Box 8031  
Appleton, WI 54912-8031

Division of Workforce Development  
P. O. Box 7945  
Madison, WI 53707-7945

Ear, Nose & Throat Specialists  
855 N. Westhaven Drive  
Oshkosh, WI 54904

Fox Valley Chest Consultants  
2700 W. 9<sup>th</sup> Avenue, Ste. 106  
Oshkosh, WI 54904

Gold Cross Ambulance Service, Inc.  
P. O. Box 575  
Neenah, WI 54957-0575

J.C. Christensen & Associates  
P. O. Box 519  
Sauk Rapids, MN 56379-0519

Lakeside Neurocare Limited  
2700 W. 9<sup>th</sup> Avenue, Ste. 225  
Oshkosh, WI 54904

Law Office of Richard D. Seierstad  
P. O. Box 566  
Sauk Rapids, MN 56379-0566

Mercy Medical Center  
P. O. Box 8039  
Appleton, WI 54912-8039

Neuroscience Group of NE WISCO  
200 TC Plaza, Ste. 480  
Neenah, WI 54956

Northland Group, Inc.  
P. O. Box 390846  
Edina, MN 55439

Oshkosh Collection & Recovery  
P. O. Box 160  
Oshkosh, WI 54903-0160

Radiology Assoc. Fox Valley SC  
P. O. Box 44370  
Madison, WI 53744-4370

Reff, Baivier, Bermingham & Lim  
P. O. Box 1190  
Oshkosh, WI 54903-1190

Robert F. Mann, M.D.  
2700 W. 9<sup>th</sup> Avenue, Ste. 110  
Oshkosh, WI 54904

State Collection Service  
P. O. Box 6250  
Madison, WI 53716-0250

Surgical Associates of Neenah  
200 TC Medical Plaza, Ste. 410  
Neenah, WI 54956-5217

Theda Clark Medical Center  
130 2<sup>nd</sup> Street  
Neenah, WI 54956

Van Ru Credit Corporation  
10024 Skokie Blvd, Ste. 2  
Skokie, IL 60077-1109

Valley Credit Services, Inc.  
P. O. Box 2125  
Appleton, WI 54912-2125

Christopher L. Austin  
Clerk

United States Bankruptcy Court  
Eastern District of Wisconsin  
Office of the Clerk

126 U.S Courthouse  
517 E. Wisconsin Ave.  
Milwaukee, WI 53202-4581  
Fax 414-297-4040  
Phone 414-297-3291

**SUMMARY INFORMATION SHEET**

CHAPTER: 7 COUNTY CODE NUMBER: 55139

DEBTOR'S NAME: Matthew Thomas Shea

DEBTORS PHONE NUMBER: (920) 233-4217

NON FILING SPOUSE'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NON FILING SPOUSE'S SS#: \_\_\_\_\_

\*\*\*\*\*

DO ASSETS REQUIRE THE IMMEDIATE PROTECTION/ATTENTION OF THE TRUSTEE?

YES \_\_\_\_\_ NO X WHAT IS THAT ASSET? \_\_\_\_\_

HAS ANYONE RECEIVED ANY COMPENSATION FOR SERVICES RENDERED IN THIS CASE?

YES X NO \_\_\_\_\_

IS THIS CASE RELATED TO ANOTHER PENDING CASE? YES \_\_\_\_\_ NO X

THAT CASE NUMBER IS: NONE

\*\*\*\*\*

**CHAPTER 13 CASES ONLY**

PROPOSED PLAN OF PAYMENT TO THE TRUSTEE:

MONTHLY: \$ \_\_\_\_\_

PAYROLL DEDUCTION: \_\_\_\_\_ DEBTOR DIRECT: 0.00

PAYROLL DEDUCTION: \_\_\_\_\_ WIFE DIRECT: \_\_\_\_\_

EMPLOYER'S NAME AND ADDRESS: HUSBAND: X WIFE: \_\_\_\_\_

HUSBAND:  
Cloverleaf Landscaping

\*\*\*\*\*

ORIGINAL MATRIX FILED ON: DISK: \_\_\_\_\_ PAPER: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

Teresa S. Basiliere  
Jennifer F. Thompson  
Jeffrey P. Kippa, Associate  
*Attorneys at Law*

October 11, 2004

U. S. Bankruptcy Clerk  
United States Bankruptcy Court  
Federal Building, Room 126  
517 East Wisconsin Avenue  
Milwaukee, Wisconsin 53202

**Re: Shea, Matthew Thomas**  
**Social Security No: 387-08-2495**

Dear Clerk


Enclosed for filing are the following documents:

1. Statement of Social Security Number(s)
2. Mailing matrix (e-mailed also)
3. Summary Information Sheet
4. Petition & Schedules
5. Check in the amount of \$209.00 for filing fees.

**Please return a copy of the Notice of Bankruptcy Case filing and receipt in the enclosed self-addressed stamped envelope.**

I am requesting that hearings in this matter be held in Oshkosh, Wisconsin.

Very truly yours,

  
Jennifer F. Thompson

JFT\jh

Enclosures

*Basiliere & Thompson, LLP*  
600 South Main Street, Suite 202  
P.O. Box 3204 Oshkosh, WI 54903-3204  
tel: 920.231.5050 fax: 920.231.3264